

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 12 1940
Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9717
State File No.
Registrar's No. 1151

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3934 Central Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Years
(Specify whether years, months or days)

3. (a) PRINT

FULL NAME Mr. Charles Davis Powell

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs. Charlotte Elizabeth Powell
6. (c) Age of husband or wife if Central years

7. Birth date of deceased September 15 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 5 27 hr. min.

9. Birthplace Sweet Air Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Hardware Merchant

11. Industry or business

12. Name Charles Davis Powell

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Powell

(b) Address 3934 Central St. P.O. Mo

17. (a) Memorial (b) Date thereof 3-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westmoreland, Kansas

18. (a) Signature of funeral director M. M. Brown

(b) Address Kansas City, Missouri

19. (a) 3-13-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3934 Central Street
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th
year 1940 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from About
1936, 1936 to March 12, 1940
that I last saw him alive on March 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
935

Due to Arteriosclerosis
Hypertension

Due to Old age

Other conditions.
(Include pregnancy within 3 months of death)

Major findings: Stroke
Of operations

Of autopsy No

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) (Specify type of place)

(f) While at work? (g) Means of injury

23. Signature J. J. Hammond (M.D. or other)

Address 2345 S. 1st St. Date signed 3-13-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Parrell

1800:0
2:50-5:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.